

POSITION	INITIALS	ID #	DATE
FEE DETERMINATION	JNN		10-10-71
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LM	13	10-10-71
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 (1)	✓ =
2 (2)	✓ =
3 (3)	✓ =
4 (4)	✓ =
5 (5)	✓ =
6 (6)	✓ =
7 (7)	
8 (8)	✓ =
9 (9)	✓ =
10 (10)	✓ =
11 (11)	✓ =
12 (12)	= =
13 (13)	✓ =
14 (14)	✓ =
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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